

**New York City
Health and Hospitals Corporation's**

Language Access Implementation Plan

June 25, 2009



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I. Agency Mission and Background

A. What is the mission of your agency?

It is the mission of the New York City Health and Hospitals Corporation (hereafter “HHC” or the “Corporation”) to promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York. We seek to join with other health workers and with communities in a partnership that will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

B. Direct Services

HHC, as the largest municipal hospital and healthcare system in the country, is a public benefit corporation that serves 1.3 million New Yorkers. Nearly 400,000 of these New Yorkers are uninsured. HHC provides medical, mental health, and substance abuse services through its eleven acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers, and more than eighty community-based clinics. HHC’s Health and Home Care agency also provides health services at home for New Yorkers.

II. Agency Language Access Goals

A. What is the goal of your agency's language access plan?

The goal of all HHC's language access efforts is to ensure that all Limited English Proficient (hereafter "LEP") persons seeking services at HHC receive a comparable level of service as that provided to those persons who speak English. Thus, we seek to ensure that LEP persons have equitable access to safe, responsive, understandable, and effective healthcare services.

In order to assist its facilities with certain common challenges inherent in meeting the LEP patient population's language access needs, HHC has created and staffed within its Central Office structure the Center for Culturally Linguistic and Appropriate Services (hereafter "CLAS").

A note on HHC's structure

It is the aim of HHC's language access plan to give definition to those aspects of the provision of language services that are general across all HHC facilities, while allowing diverse approaches needed to meet the varied needs of those individual facilities.

As the largest public healthcare system in the U.S., HHC sees extraordinary variety in its facilities' populations, needs, and resources. HHC's facilities are organized into seven healthcare networks. Each of these networks has a semi-autonomous management structure through which hospital Executive Directors report to the Network's Senior Vice President, and those Senior Vice Presidents report to the HHC President, who is accountable to the HHC's Board of Directors.

Accordingly, it is ultimately left to the executive discretion of the network's Senior Vice President and facility Executive Directors to devise appropriate ways and means for meeting the language access needs of their network's LEP patient population.

Toward that end, each network has created and implemented individual policies and procedures for this purpose.

Please see, on the next page, a list of HHC's acute care and ambulatory care facilities.

II. Agency Language Access Goals

HHC Network	HHC facilities associated with each Network
CENTRAL BROOKLYN FAMILY HEALTH NETWORK	East New York Diagnostic & Treatment Center
	Kings County Hospital Center
	Dr. Susan Smith McKinney Nursing & Rehabilitation Center
GENERATIONS PLUS NORTHERN MANHATTAN HEALTH NETWORK	Harlem Hospital Center
	Lincoln Medical & Mental Health Center
	Morrisania Diagnostic & Treatment Center
	Renaissance Diagnostic & Treatment Center
	Segundo Ruiz Belvis Diagnostic & Treatment Center
NORTH BRONX HEALTHCARE NETWORK	Jacobi Medical Center
	North Central Bronx Hospital
NORTH BROOKLYN HEALTHCARE NETWORK	Cumberland Diagnostic & Treatment Center
	Woodhull Medical & Mental Health
QUEENS HEALTH NETWORK	Elmhurst Hospital Center
	Queens Hospital Center
SOUTH MANHATTAN HEALTH NETWORK	Bellevue Hospital Center
	Coler-Goldwater Specialty Hospital and Nursing Facility
	Gouverneur Nursing Facility and Diagnostic & Treatment Center
	Metropolitan Hospital Center
SOUTHERN BROOKLYN AND STATEN ISLAND HEALTH NETWORK	Sea View Hospital Rehabilitation Center and Home
	Coney Island Hospital

B. How will your agency know if it has successfully implemented its plan?

HHC views the provision of language access services to its LEP patient population as being one of providing quality medical care and, as with other substantive areas relating to providing the best medical care possible, HHC is continually striving to improve its performance.

With respect to its language access programs, HHC recognizes that ongoing monitoring and evaluation are essential to meeting the challenges inherent in effectively working with patients whose languages and cultures stem from literally across the world.

To this end, CLAS will, on an annual basis, review and, as necessary, update HHC's language access plan. HHC will consider its 2009

II. Agency Language Access Goals

language access plan successfully implemented when all the goals stated in the *Action Plan/Timeline* sections of the plan have been completed.

C. What language access initiatives are already under way in your agency?

Since well before 2003, HHC facilities have had access to telephonic interpretation services around the clock.

Since 2003, HHC has had Language Access Coordinators (hereafter, “LACs”) in each network, with these LACs meeting regularly to share best practices.

Since 2004, HHC Networks have had language access policies in place in each network, designed to satisfy HHC’s legal obligations and to meet the individual network’s challenges in this area.

In 2004, HHC had its essential documents translated into ten languages. In 2007, HHC’s core languages for translation were expanded to twelve languages: Spanish, Chinese, Bengali, Polish, French, Arabic, Haitian Creole, Korean, Albanian, Russian, Hindi, and Urdu. These translated documents are posted online at HHC’s intranet, permitting easy access to them by all staff.

In 2007, HHC established its Center for Culturally and Linguistically Appropriate Services. As discussed above, CLAS was created as part of HHC’s Central Office to provide guidance in strengthening the language access programs across HHC. In 2008, CLAS began the process of establishing central resources and guidelines to expand the application of best practices and to monitor language access efforts across HHC’s seven healthcare networks.

III. LEP Population Assessment

A. Will you utilize the top 6 citywide LEP languages in your plan? (What are HHC's top languages?)

As above noted, HHC already provides written translation of its essential documents into 12 core (primary) languages: Spanish, Chinese, Bengali, Polish, French, Arabic, Haitian Creole, Korean, Albanian, Russian, Hindi, and Urdu. These twelve written languages correspond to the spoken languages that comprised more than 95% of the total requests for interpretation services across HHC for calendar year 2007, the basis for our current analysis.

As a part of CLAS' and the seven HHC healthcare networks' ongoing monitoring and evaluation efforts, the predominant non-English languages spoken by individual facilities' LEP patients are identified on an annual basis. This identification process allows HHC to provide both oral interpretation services and translated written materials in the languages spoken by the LEP patients accessing HHC's services.

Action Plan/Timeline: No action required.

III. LEP Population Assessment

B. How will you execute the Federal Department of Justice “Four-factor Analysis”? (How did you determine your agency’s primary languages?)

The Department of Justice suggests balancing the following four factors in planning the provision of language services:

1. *The number or proportion of LEP persons eligible to be served or likely to be encountered by the program;*

- According to the Census, 26.67% of the population within HHC’s facilities’ service areas comprises persons who are Limited English Proficient (based on analyses by HHC’s Department of Corporate Planning).

(See chart, under "Some key demographic data relevant to HHC’s four-factor analysis”, for detail).

2. *The frequency with which LEP individuals come in contact with the program; the nature and importance of the program, activity, or service provided by the program to people’s lives;*

- According to the Census, 26.67% of the population within HHC’s facilities’ service areas comprises persons who are Limited English Proficient (based on analyses by HHC’s Department of Corporate Planning).

(See chart, under "Some key demographic data relevant to HHC’s four-factor analysis”, for detail).

3. *The nature and importance of the program, activity, or service provided by the program to people’s lives;*

The importance of healthcare in overall well-being is self-evident. Accordingly, HHC takes all measures possible to provide language services sufficient to ensure that LEP patients enjoy comparable access to HHC’s services as that experienced by patients who speak English fluently.

a) *Interpretation*

For spoken communication, this includes securing either a fluent bilingual clinical provider to directly treat an LEP patient, or, if such a fluent bilingual clinical provider is not available, a qualified interpreter. Such an interpreter would either be a proximal (i.e., face-to-face) interpreter or

III. LEP Population Assessment

remote (e.g., telephonic interpreter), dependent upon patient services and/or facility circumstances.

b) Translation

Upon a patient's or provider's request, any medically necessary document will be either sight-translated (read aloud into the non-English language through an interpreter) or given a full written translation.

Which of the above approaches is taken in any given situation will depend upon the urgency of the need (requests for written translations take more than two weeks) and the nature of the request.

Translations are normally submitted to the facility's Language Access Coordinator, who determines whether a given document is of only local relevance, or is instead a document that may be relevant across HHC. The latter documents are then forwarded to CLAS and considered for translation into HHC's core languages.

HHC's essential documents are translated into Spanish, Chinese, Bengali, Polish, French, Arabic, Haitian Creole, Korean, Albanian, Russian, Hindi, and Urdu. These documents have been posted on HHC's intranet for ready access by all staff.

4. *The resources available to the grantee/recipient and costs.*

HHC recognizes the key role of language access in providing quality healthcare services.

As of our fiscal year 2008 (July 1, 2007 – June 30, 2008), HHC spent more than four million dollars across all of its facilities on remote telephonic interpreter services alone.

Additionally, various facilities expend significant personnel costs in hiring staff interpreters to provide face-to-face and/or remote interpreting services, as well as additional vendor-related costs to cover the provision of face-to-face interpreting for languages not covered in-house.

HHC is always pursuing more cost-efficient methods that will help lower costs while increasing access to quality interpreter services.

For written translation, HHC spends approximately \$100,000 per year.

III. LEP Population Assessment

Some key demographic data relevant to HHC's four-factor analysis

The following chart outlines some of the key data used to determine HHC's top written languages (Spanish, Chinese, Bengali, Polish, French, Arabic, Haitian Creole, Korean, Albanian, Russian, Hindi, and Urdu).

Top languages in HHC's facilities Primary and Secondary Catchment Area Languages	% of total LEP persons in Service Area	Cumulative % of total LEP persons in Service Area	Top 12 Languages in demand for interpretation at HHC (CY07)	% of HHC's total interpretation demand	Cumulative % of HHC's total interpretation demand
*Spanish	65.0%	65.0%	*Spanish	67.2%	67.2%
*Chinese	9.5%	74.4%	*Mandarin (Chinese)	8.5%	75.7%
*Russian	4.2%	78.7%	*Bengali/"Bangla"	3.8%	79.4%
*French Creole	2.3%	81.0%	*Polish	3.2%	82.6%
*Other Indic languages	2.2%	83.1%	*Cantonese (Chinese)	3.1%	85.7%
French Patois	1.9%	85.1%	*French	2.6%	88.3%
**Yiddish	1.8%	86.9%	*Arabic	1.9%	90.1%
*Korean	1.7%	88.6%	*Haitian Creole	1.5%	91.6%
*Polish	1.5%	90.1%	*Korean	1.3%	92.9%
**Italian	1.5%	91.6%	*Albanian	1.2%	94.1%
African languages	1.1%	92.7%	*Russian	1.2%	95.3%
Other Indo-European langs.	0.9%	93.5%	*Hindi	0.6%	96.0%
Arabic	0.8%	94.3%	*Urdu	0.5%	96.5%
Other languages	5.7%	100.0%	Other languages	4.0%	100.0%

*Languages into which HHC's key documents are translated

**Although represented in Census data, in 2007, LEP speakers of these languages had a very low representation at HHC for interpreter requests, ranking 93rd (for Yiddish) and 22nd (for Italian). HHC translates materials into more frequently-requested languages, such as Bengali, Arabic, Albanian, and Hindi, which are not as highly represented in Census data, but for which interpretation is frequently requested at HHC's facilities.

Note 1: Most speakers of African languages read English, French, or Arabic, all languages provided by HHC.

Note 2: Mandarin and Cantonese, Fukienese, etc., are all spoken dialects of the same written language, Chinese.

CLAS keeps similar data for each individual HHC facility. The following page outlines, in more detail, how HHC has determined its top languages into which HHC translates essential documents.

III. LEP Population Assessment

How HHC determines languages for translation

HHC translation of essential documents into HHC's twelve most predominant languages (Spanish, Chinese, Bengali, Polish, French, Arabic, Haitian Creole, Korean, Albanian, Russian, Hindi, and Urdu) has already been effected.

These twelve core languages for translation were selected according to the following criteria:

- 1) HHC translates essential documents into written languages corresponding to any spoken languages that:
 - a) are spoken by 1% or more of LEP persons in any HHC hospital's service area (based upon HHC's Department of Planning analyses of Census data)
 - and
 - b) are one of the top spoken languages for interpretation requested by LEP persons for any specific HHC acute care hospital or diagnostic and treatment facility.

The latter consideration is relevant in that some of HHC's facilities, while identified as having a service area (based upon HHC's Department of Planning analyses of Census data) that includes a specific language that meets criteria 1(a), above, nonetheless find that this language is not one of those spoken by the LEP patients coming to the facility (criteria 1(b), above).

For example, at Jacobi Hospital, Italian and Urdu LEP persons comprise more than 1% of the hospital's service area (according to Census data). However, requests for Italian interpreters at Jacobi rank 16th, whereas Urdu ranks 6th and Bengali ranks 2nd (although according to Census data, Bengali, or "other Indic languages," does not present as a significant portion of Jacobi's service area). Naturally, HHC translates materials into Bengali and Urdu, not Italian and Urdu, which follows from the above criteria.

- 2) HHC will also translate any essential documents into written languages that correspond to any spoken languages that are one of the top twelve languages requested by LEP persons across HHC overall.

In order for CLAS to determine HHC's primary languages spoken by LEP patients, CLAS and HHC network/facility Language Assistance Coordinators regularly evaluate relevant data on interpretation requests made, and services provided, as broken down by specific languages.

Action Plan/Timeline: No action required.

IV. Implementation Plan Logistics

IV. Implementation Plan Logistics

A. What is the timeline for implementing your language access plan?

As of June 25, 2009 HHC has already addressed many of the areas required by EO120. We are continually working on expanding language access and, as relevant, will proceed along the timelines discussed in this document.

B. What are the major milestones in your plan?

HHC has many milestones for language access planned. Many of these milestones are incorporated into the *Action Plan/Timeline* heading of each relevant section of this document.

C. Who in your agency will be involved in implementing the language access plan?

Responsibilities for language access services devolve upon:

At a facility and/or network level, the designated Language Access Coordinators and their corresponding Executive Director and/or network Senior Vice President;

and

On a Corporate-wide basis, HHC's Center for Culturally and Linguistically Appropriate Services, and those executive staff within HHC's Central Office responsible for supervising CLAS.

Other relevant personnel may also be involved in the implementation of specific aspects of this plan, including, but not limited to:

- Clinical personnel, who implement best practices related to interpretation services, and who also may work with CLAS to review, edit, and approve clinical documents prior to translation;

IV. Implementation Plan Logistics

- ❑ Patient education personnel, who work with CLAS to create multilingual, plain-language materials that are accessible to all patients;
- ❑ Patient Relations and Public Affairs, who promote the delivery of free language assistance to current and prospective patients;
- ❑ Human Resources and area managers, who work to reinforce the application of each Network/facility's language access policy;
- ❑ Administrative personnel, who work with clinicians, CLAS and LACs to overcome operational barriers to effective language access;
- ❑ Information Services personnel, who help to build systems to support language services;
- ❑ Telecommunications personnel, who provide access to any data and technical services needed by CLAS and LACs in order to support their management of the provision of interpreter services;
- ❑ The medical interpreters, who serve as a conduit between clinicians and patients to ensure clear communication.

HHC's Language Access Coordinators

Each HHC facility or Network has a Language Access Coordinator who works to:

- ❑ Coordinate the provision of effective and timely interpreter services on a day-to day basis within his or her facility and at associated community medical centers;
- ❑ Increase the visibility of interpreter services and support clinicians seeking interpreter services;
- ❑ Collect, document, and report (to CLAS on a quarterly and annual basis) all interpreter services requested and provided in his or her given facility and at associated community medical centers;

IV. Implementation Plan Logistics

- ❑ Supervise the dispatching of interpreter services and on-site interpreters, including: dedicated staff interpreters, agency interpreters, dual-role staff interpreters, and volunteers;
- ❑ Manage document translations – via CLAS (if relevant to all of HHC), or via an approved translation agency contracted by the given facility (if facility-specific);
- ❑ Support services for LEP persons by educating staff on how to access language access services and how to work with a medical interpreter; and
- ❑ Collaborate with others to address any cultural and linguistic barriers relevant to the given facility or network.

HHC's Center for Culturally and Linguistically Appropriate Services

The role of HHC's Center for Culturally and Linguistically Appropriate Services is to:

Provide support to facility leadership on CLAS services.

- ❑ Serve as a liaison, support, and on-site consultant to Language Access Coordinators and Executive Directors, so as to ensure effective language access programs and policies that help reduce linguistic barriers to healthcare;
- ❑ Conduct needs assessments to identify strengths and weaknesses; and
- ❑ Oversee Corporate contracts related to CLAS services (interpreting, translation, testing of language proficiency and/or interpreter skills, and training in cultural competency) to ensure quality assurance and cost benefit for all.

Encourage data-driven performance improvement to reduce disparities.

- ❑ Promote the development of Corporate-wide systems to capture data on language barriers, with the goal of reducing risks related to LEP patients; and

IV. Implementation Plan Logistics

- ❑ Participate in HHC efforts to investigate the sources of racial, ethnic, cultural, and linguistic disparities.

Promote the development of quality Interpreter Services departments throughout HHC.

- ❑ Set criteria for the testing of any interpreter candidates to ensure quality of services;
- ❑ Work to leverage Corporate interpreting resources (e.g., TEMIS (Team Technology-Enhanced Medical Interpreting System), staff interpreters, dispatchers, etc.) to create economies of scale to expand services system-wide in a cost-effective manner;
- ❑ Set guidelines for the consistent collection of interpreter services data for central reporting; and
- ❑ Share tools to alert patient and staff to facility language access programs and interpreter services.

Increase access to translated materials.

- ❑ Educate on the use of health literacy standards in the creation of plain-language patient materials;
- ❑ Encourage the use of Corporate translation resources, rather than *ad hoc* methods; and
- ❑ Expand clinician and patient access to multilingual patient materials via HHC's LEP/CLAS intranet site at lep.nychhc.org.

Advocate for systems that will support HHC's CLAS efforts.

- ❑ Collaborate with public and private agencies to leverage resources to support HHC's CLAS efforts; and
- ❑ Promote city, state, and nationwide efforts to establish best practices, such as efforts for National Certification of healthcare interpreters.

Action Plan/Timeline: Ongoing

V. Service Provision Plan

A. Interpretation services

1. *How will you provide interpretation – both over the phone and at service centers?*

All HHC facilities have instant around-the-clock access to telephonic interpretation services covering more than 130 languages. Some facilities also have access to staff interpreters and/or trained and tested volunteer interpreters and/or agency interpreters. Still other facilities have access to a unique Remote Simultaneous Medical Interpreting system called TEMIS (Team technology-enhanced medical interpreting system).

In calendar year 2007, the first year that HHC tabulated data on interpreter services Corporation-wide, there were a total of 764,156 documented interpretations.

HHC has seen the number of documented successful interpretations climb in 2008 and projects that annual totals will continue to climb in 2009.

Action Plan/Timeline:

- *(Ongoing) CLAS will continue to look for ways to increase the transparency of interpreter data and to improve tools for collection of that data.*

2. *Will you use the DOITT citywide contract for Language Line and/or other vendors? Will you use existing bilingual staff?*

As discussed above, HHC facilities have long had access to over-the-phone interpreting vendors as one form of interpreter services. As of June 25, 2009, HHC utilizes three primary vendors: Cyracom, Pacific Interpreters, and Language Line.

Where available and as feasible, bilingual clinical staff will be assigned to treat and directly communicate with an LEP patient in that patient's language.

Action Plan/Timeline: No action required.

V. Service Provision Plan

3. *How will you identify the primary language of your customers?*

The Census designation of “primary language” refers to the language a person speaks at home; for LEP persons, however, this designation is misleading and leads to confusion. For example, a person answering the Census query may correctly answer that he or she speaks Spanish at home; yet, if asked whether he or she is comfortable speaking English, the response could well be in the affirmative.

To promote clear understanding, HHC’s CLAS encourages facility staff to ask the patient in what language he or she prefers to converse when receiving healthcare services. This permits the most accurate determination of a patient as being truly Limited English Proficient and also ensures that a patient who is able to speak some English (e.g., for purposes of registration) can choose to employ that language for a more limited purpose if they so wish. It also assures a patient that clinical services will be provided in the language in which the patient is most comfortable.

In practice, the patient’s preferred language is determined at the first opportunity by the relevant clinical staff person. This often occurs during the patient’s initial encounter with a nurse, for example. Once the patient’s primary language is so determined, it is recorded in the patient’s medical record. Should such identification initially occur in a non-clinical area, staff may issue the patient an “I speak...” card [Appendix A]. Clinical staff can then subsequently note the patient’s preferred language in his or her medical chart. If staff are unable to readily determine the LEP patient’s language, use of a Language Identification Card [Appendix B] may be appropriate. Alternatively, telephonic identification may be the most effective mode of identification (i.e., use of a telephonic interpreter to assist in determining the patient’s language).

Action Plan/Timeline: Ongoing

4. *How will you ensure that your contractor provides quality services?*

HHC currently has a variety of ways in which we oversee the quality of interpreter services. We are increasingly implementing standardized testing of interpreters to ensure quality services.

Action Plan/Timeline:

V. Service Provision Plan

HHC will ensure quality by:

- ❑ *(Ongoing) Inclusion of clear quality and/or testing criteria in future bids and RFPs for interpreter services; and*
- ❑ *(Ongoing) Unannounced monitoring of the quality of Interpreter Services by CLAS and facility Language Access Coordinators, including the LACs' forwarding of complaints on any vendor performance issues to CLAS.*

B. Translation of written material

1. How will you identify essential public documents?

HHC has identified a broad range of consent forms and other key documents that are available on its internal website to all staff in more than twelve languages. These documents include, among others, the DOJ recommendations of consent forms; written notices of rights; and notices to LEP persons of free language assistance. As other essential public documents are identified, they will be translated and added as well. Persons who wish to submit other HHC documents for consideration as essential public documents worthy of translation may send the relevant document to CLAS for consideration.

Action Plan/Timeline:

- ❑ *(Ongoing) HHC routinely translates essential documents into HHC's top languages; and*
- ❑ *(January 2009) HHC designated an Associate Director of Translation to work within CLAS to oversee quality and expand the pool of translated materials available across HHC.*

2. How will you translate documents?

HHC's Language Access Coordinators and the CLAS office work with professional translation agencies to ensure a quality final product.

Action Plan/Timeline: Ongoing

V. Service Provision Plan

3. *Will you use the DoITT citywide contract for Language Line and/or other vendors?*

As of June 25, 2009, HHC has several vendors on contract that provide oral (over-the-phone) interpretation. For written translation, we do not primarily use Language Line but instead use other vendors that specialize in the translation of documents.

Action Plan/Timeline: No Action Required

4. *How will you ensure that your contractor provides quality services?*

HHC, on a regular basis, asks second agencies and/or bilingual staff to review translations from our translation agencies (the contracted vendor) and supply this feedback to the vendor. If a given translation vendor's work is deemed unsatisfactory and does not improve, HHC will take action to secure other quality services.

Action Plan/Timeline: Ongoing

5. *Will you use existing bilingual staff?*

HHC uses bilingual staff with verified bilingual skills as one method of checking the quality of agency translations. HHC recommends that bilingual staff be used only to review formal agency translations, and not themselves to conduct written translations of HHC documents.

Action Plan/Timeline: No Action Required

6. *To what extent will you use plain-language guidelines and standards?*

HHC advises facility staff that, before submitting documents to CLAS for translation, they should assess the document's readability and do their best to implement the principles of plain language, as outlined in "Easy-to-Read NYC: Guidelines for Clear and Effective Communication" (available at www.nyc.gov/easytoread).

Action Plan/Timeline:

- (Ongoing) *Ensure that documents targeted for translation, to the maximum extent possible, are written in plain language.*

V. Service Provision Plan

7. *Do you have a plan for manually translating your website?*

HHC has multiple public pages currently available in Spanish, accessible via <http://www.nyc.gov/html/hhc/html/espanol/espanol.shtml>.

None of the information available online is considered “essential,” from a patient care perspective, and therefore we deem the above to be sufficient at present.

Action Plan/Timeline: No Action Required

C. Outreach and signage at public service centers

1. *How will you produce / post public notices regarding your agency’s provision of free language assistance?*

As of 2005, HHC has had multilingual signage [Appendix C] posted across HHC facilities that announces “We provide free interpreter services” in 16 languages: English, Spanish, Chinese, Bengali, Haitian Creole, French, Urdu, Hindi, Russian, ASL (symbols), Hebrew, Korean, Albanian, Polish, Punjabi, Arabic, and Yiddish.

Action Plan/Timeline: No Action Required

2. *How will you translate directional signage in service centers?*

In 2004, HHC launched a wayfinding effort that produced guidelines for all hospitals to develop bilingual or multilingual directional signage. Implementation of those guidelines has been effected as appropriate at individual facilities.

Action Plan/Timeline: No Action Required

3. *How will you otherwise conduct outreach to inform LEP persons of these services?*

HHC’s facilities engage in various forms of outreach to the communities they serve to advise them of the availability of HHC’s healthcare services, including free language access services.

V. Service Provision Plan

These outreach efforts include:

- ❑ Publicizing the facility's free language access services while participating in media and community events
- ❑ Including notices of free interpreter services in non-English languages in non-English-language press and in translated flyers.
- ❑ Making multilingual "I speak..." cards available to patients; and
- ❑ Making multilingual "Speak up" pamphlets available to patients.

Action Plan/Timeline:

- ❑ *(By August 15, 2009) CLAS will distribute "I speak" cards (currently available on the HHC intranet) to community-based organizations to share with their constituents; and*
- ❑ *(Ongoing), HHC facilities will make available (through their Interpreter Services offices and other key departments) multilingual "Speak-Up" pamphlets that encourage patients to ask questions and to request an interpreter if they don't understand English. These pamphlets are already available to all staff on the HHC intranet.*

VI. Training (for front-line, supervisory, and managerial staff)

A. How will you provide training on your language access plan?

HHC's networks' Human Resources Departments provide an orientation to new and existing employees that includes coverage of key facility and Corporate policies.

The more frequent the contact with LEP persons, the greater the need for in-depth training on LEP policies. Staff with little or no contact with LEP persons will need only a general awareness of the LEP policy.

Management staff, even if they do not interact regularly with LEP patients, should be fully aware of and understand the policy so that they are able to reinforce its importance and ensure its implementation by staff.

Objectives of Training

After language access training, facility staff should be aware of:

- ❑ HHC's policy of providing language access and the reasons for these services;
- ❑ The definition of "LEP", as well as the difference between "translation" and "interpretation";
- ❑ The importance of informing patients through signage, "I speak ..." cards, and verbally, of their right to free interpreter services;
- ❑ What to do if presented with an "I speak ..." card
- ❑ How to request telephonic and in-person interpreter services;
- ❑ How to secure an interpreter for incoming and outgoing calls;
- ❑ How to work effectively with an over-the-phone and/or in-person interpreter (including the points under HHC's "Tips for Working with Medical Interpreters" card [Appendix E]);
- ❑ The importance of using qualified interpreters, rather than non-interpreter bilinguals or family members, when a medical interpreter is needed;

VI. Training

- ❑ The importance of using “teach-back” with patients in order to ensure understanding;
- ❑ How to access online translated documents via the facility’s website;
- ❑ How to request the translation of a document;
- ❑ Who to contact if there are concerns or complaints about access to quality language services; and
- ❑ HHC’s policy on immigrants’ right to confidentiality of immigration status.

Some facilities have found that distributing and posting a simple one-page summary of their language access policy is a good way to support training efforts.

Action Plan/Timeline:

- ❑ *(Ongoing) Language Access Coordinators oversee training and coordinate with facility Human Resources departments to ensure the above learning objectives are being met in the training of new employees and during annual staff training on language access; and*
- ❑ *(By December 15, 2009) CLAS will make additional resources available to enable more standardized staff training on issues relating to LEP awareness.*

B. How will you provide training on identifying a customer’s primary language; use of dual hand-sets; and the use of telephonic interpreters?

The above elements will be included in the language access curriculum presented at New Employee Orientations and Annual Mandatory training (see IV.A, above).

Action Plan/Timeline:

- ❑ *(By December 15, 2009) CLAS will make additional resources available to enable more standardized staff training on issues relating to LEP awareness.*

C. How will you provide cultural competency training?

Currently, HHC facilities offer various types of cultural competency training.

Action Plan/Timeline:

- *(January 2009) HHC designated a Director of Cultural Competency to work within CLAS to establish a curriculum for Cultural Competency for all direct care staff.*

VII. Record Keeping and Evaluation

A. How will you ensure quality of your language access services?

CLAS uses a variety of methods to monitor the quality of language access services.

Action Plan/Timeline:

(Ongoing from January 2009 forward) CLAS monitors the quality of services through the following methods:

- Centralized monitoring of the volume of interpreter services being provided through:
 - Data collected, documented, and reported by LACs to CLAS on a quarterly and annual basis;*
- As regards services provided through vendors:
 - Central oversight by CLAS of quality issues for vendors providing language services.*
 - Inclusion of clear quality and/or testing criteria in future language access service bids and RFPs.*
 - Facilities will forward any complaints on any language access service vendor performance issues to CLAS.*
- Centralized oversight of the quality of interpreter services being provided.
 - Language Access Coordinators will coordinate with CLAS to conduct systematic monitoring of the quality of interpreter services.*
- Centralized oversight of the quality of translation services being provided.
 - On an ongoing basis, HHC asks second agencies and/or bilingual staff to review translations from our translation agencies (the contracted vendor) and supply this feedback to the vendor. If a given vendor's work is deemed unsatisfactory and does not improve, HHC will take action to secure other quality services.*

VII. Record Keeping and Evaluation

B. How will you maintain records of the language services your agency provides?

Ongoing from January 2009 forward, CLAS receives quarterly reports from each facility on language services provided to its LEP patients. CLAS then compiles those data across HHC to monitor utilization trends and identify any gaps in access for corrective action.

Action Plan/Timeline:

- (By November 20, 2009) CLAS will submit its full fiscal year report to HHC leadership.

C. How will you ensure compliance with the Executive Order?

CLAS will ensure compliance with the Executive Order by submitting reports on any utilization trends and any identified gaps in language access programs to HHC's executive leadership for review on an annual basis, or more frequently if necessary.

Action Plan/Timeline:

- (By November 20, 2009) CLAS will submit its first full annual report on such issues to HHC leadership.

VIII. Resource Analysis and Planning

A. How will you leverage current agency resources to implement your plan?

HHC's networks, working within their budget structures and patient care resources, already have extensive HHC resources committed to language access.

CLAS provides technical support, as outlined in section IV, C, (2), and also provides access to the following resources, among others, to help facilities implement this plan:

- Resources on the CLAS website (lep.nychhc.org);
- Facility-specific demographic data reports;
- On-site consulting within HHC to support language access systems;
- Access to testing resources for those medical interpreters who have met key (language, job description, and training) criteria
- HHC's "I speak ..." card [Appendix A];
- We Provide Free Interpreter Services" posters [Appendix C];
- "Speak Up" pamphlets [Appendix D]; and
- "Tips for Working with Medical Interpreters" card [Appendix E].

1. Will you use existing contracts for services or training?

HHC will be continuing some contracts, but will also be entering into a new procurement/contracting process for purposes of obtaining language access and/or training services.

Action Plan/Timeline:

- (*Ongoing*) HHC will include clear quality and/or testing criteria in future bids and RFPs for interpreter services.

VIII. Resource Analysis and Planning

2. Will you create a volunteer language bank?

Some HHC facilities already have volunteer language banks, while others have determined that maintenance of such a language bank is not the best means of meeting face-to-face interpretation needs. CLAS is in dialogue with the Mayor's Office of Operations and the Mayor's Office of Immigrant Affairs (MOIA) to examine the possibility of establishing some common criteria for participation in language banks.

Action Plan/Timeline: No Action Required

B. How will you take advantage of citywide resources?

On an ongoing basis, HHC will be coordinating with the Mayor's Office of Operations and the Mayor's Office of Immigrant Affairs (MOIA) to ensure that any citywide resources that are available and helpful to HHC's mission and language access programs are utilized. For instance, the new "Language Identification Card" [Appendix B] created by the Mayor's office is a great resource of which HHC facilities can make use.

The CUNY Healthcare Interpreter Certificate Program is an important city-wide resource. This CUNY multi-level healthcare interpreter certificate program was developed at the initiative of Hostos Community College in collaboration with other CUNY schools and New York area hospitals, including HHC, to promote the development of skilled healthcare interpreters. Centralized information about CUNY offerings of this new standardized curriculum is available through Hostos Community College's School of Continuing Education & Professional Studies. As of June 25, 2009, HHC has over 20 students enrolled in the CUNY Healthcare Interpreter Certificate Level I (45 hr) Program.

Action Plan/Timeline: No Action Required

IX. Timeline

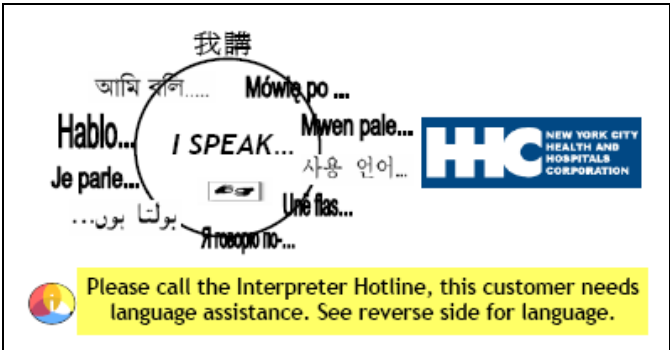
- January-09 HHC designated an Associate Director of Translation to work within CLAS to oversee quality and expand the pool of translated materials available across HHC
- January-09 HHC designated a Director of Cultural Competency to work within CLAS to establish a curriculum for Cultural Competency for all direct care staff.
- 15-Aug-09 CLAS will distribute "I Speak" cards to CBOs to share with their constituents.
- 20-Nov-09 CLAS will submit its full fiscal year report to HHC leadership.
- 15-Dec-09 CLAS will make additional resources available to enable more standardized staff training on issues relating to LEP awareness.

X. Appendices

Appendix A: "I speak ..." card

This card can be used to give LEP persons a voice when requesting interpreter services.

Staff should highlight that language spoken by the LEP person and give the card to the LEP person, inviting them to present it to HHC staff in order to request an interpreter.



(Albanian)	<input type="checkbox"/> Kam nevojë për përkthim falas në shqip.
(Arabic)	<input type="checkbox"/> أنا أحتاج إلى ترجمة فورية مجانية إلى العربية.
(Bengali)	<input type="checkbox"/> আমার বাংলার বিনামূল্যে দোভাষী দরকার।
(Chinese-Cantonese)	<input type="checkbox"/> 我需要免費的廣東話口譯。
(Chinese-Mandarin)	<input type="checkbox"/> 我需要免費的國語口譯。
(Chinese-Other)	<input type="checkbox"/> 我需要免費的另外的地方話的口譯。
(French/Other)	<input type="checkbox"/> J'ai besoin d'interprétation gratuite en _____.
(Haitian Creole)	<input type="checkbox"/> Mwen bezwen yon entèprèt Kreyòl gratis.
(Korean)	<input type="checkbox"/> 저는 무료 한국어 통역을 원합니다.
(Polish)	<input type="checkbox"/> Potrzebuję bezpłatnego tłumaczenia na polski.
(Russian)	<input type="checkbox"/> Мне нужен бесплатный перевод на русский язык.
(Spanish)	<input type="checkbox"/> Necesito interpretación gratis en español.
Other(_____)	<input type="checkbox"/> I need free interpretation into _____.
	<input type="checkbox"/> I need a free <input type="checkbox"/> ASL interpreter <input type="checkbox"/> _____.

Appendix B: Language Identification Card

This card can be used to help LEP persons when oral communication is not being understood and HHC staff members don't yet know the LEP person's language.



Michael R. Bloomberg
Mayor

Free Interpretation Service Available

English Translation:
Point to your language. An interpreter will be called.
The interpreter is provided at no cost to you.

<p>Shqip / Albanian</p> <p>Tregoni me gisht gjuhën tuaj. Do të thërrasim një përkthyes. Përkthyesi do të merret falas për ju.</p>	<p>한국어 / Korean</p> <p>귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.</p>
<p>عربي / Arabic</p> <p>أشير إلى لغتك. وسوف يتم جلب مترجم فوري لك. سيتم تأمين المترجم الفوري مجاناً.</p>	<p>國語 / Mandarin</p> <p>請指認您的語言，以便為您提供免費的口譯服務。</p>
<p>বাংলা / Bengali</p> <p>আপনার ভাষার দিকে নির্দেশ করুন। একজন মোতাবীকে ডাকা হবে। মোতাবী আপনি নিখরচায় পাবেন।</p>	<p>Polski / Polish</p> <p>Proszę wskazać swój język i wezwijemy tłumacza. Tłumacza zapewnimy bezpłatnie.</p>
<p>廣東話 / Cantonese</p> <p>請指認您的語言，以便為您提供免費的傳譯服務。</p>	<p>Português / Portuguese</p> <p>Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.</p>
<p>Français / French</p> <p>Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.</p>	<p>ਪੰਜਾਬੀ / Punjabi</p> <p>ਅਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ ਅਤੇ ਇਕ ਦੁਆਬੀਆ ਝੁਲਾਇਆ ਜਾਵੇਗਾ ਇਹ ਦੁਆਬੀਆ ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਖਰਚ ਦੇ ਦਿੱਤਾ ਜਾਵੇਗਾ।</p>
<p>Ελληνικά / Greek</p> <p>Δείξτε τη γλώσσα σας και θα καλέσουμε ένα διαρμηνέα. Ο διαρμηνέας σας παρέχεται δωρεάν.</p>	<p>Русский / Russian</p> <p>Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.</p>
<p>Kreyòl / Haitian Creole</p> <p>Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.</p>	<p>Español / Spanish</p> <p>Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.</p>
<p>עברית / Hebrew</p> <p>הצבע לעבר חשפה שלך כדי לזמן לך מתורגמן. שירותו של המתורגמן ניתן ללא תשלום.</p>	<p>Tagalog / Tagalog</p> <p>Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.</p>
<p>हिन्दी / Hindi</p> <p>अपनी भाषा पर इंगित करें और एक दुभाषिया बुलवा जाएगा। दुभाषिने का प्रबंध आप पर बिना किसी खर्च के किया जाता है।</p>	<p>Українська / Ukrainian</p> <p>Вкажіть вашу мову. Вам викличуть перекладача. Послуги перекладача надаються безкоштовно.</p>
<p>Italiano / Italian</p> <p>Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.</p>	<p>اردو / Urdu</p> <p>اپنی زبان پر اشارہ کریں اور ایک ترجمان بلاجا جائیگا۔ ترجمان کا انتظام آپ پر بغیر کسی خرچ کے کیا جاتا ہے۔</p>
<p>日本語 / Japanese</p> <p>あなたの話す言語を指して下さい。無料で通訳を提供します。</p>	<p>אידיש / Yiddish</p> <p>ווי זע אן אױף איר ער שפראך אן א מױט רומן א דאלמעטשער. דער דאלמעטשער ווערט צוגעשטעלט אויטום, עס וועט אױך נארגיטש קאסטן.</p>



© 2008 Language Line Services

This card can be presented to the LEP person so that they point out their language. The card will not work if the patient's language is not one of the top languages in New York City and/or if he/she is illiterate. If either is the case, dial your facility's interpreter hotline and ask for help determining the patient's language.

Once the LEP patient's primary/preferred language is determined it should be documented, whenever possible, in their medical chart or by giving them an "I speak..." card.

Appendix C: “We Provide Free Interpreter Services” posters

WE PROVIDE FREE INTERPRETATION SERVICES			
SPANISH	Ofrecemos servicios de interpretación gratis.	我們提供 免費翻譯服務	CHINESE
BANGLA	আমরা বিনামূল্যে অনুবাদ পরিষেবা প্রদান করি।	Nou ofri sèvis entèpretasyon gratis.	KREYOL
FRENCH	Nous fournissons des services d'interprétation gratuits.	بم ترجمانی کی مفت خدمات فراہم کرتے ہیں۔	URDU
HINDI	हम मुफ्त में दुभाषिया सेवाएं उपलब्ध करते हैं	Мы обеспечиваем бесплатными услугами переводчиков.	RUSSIAN
SIGN	We offer free  ASL interpretation.	אנו מספקים שירותי מתורגמות בחינם.	HEBREW
KOREAN	저희는 무료 통역 서비스를 제공하고 있습니다.	Ne ofrojmë përkthime gojore në gjuhën shqipe.	ALBANIAN
POLISH	Oferujemy bezpłatne usługi interpretacyjne.	ਅਸੀਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਮੁਹੱਈਆ ਕਰਵਾਉਂਦੇ ਹਾਂ।	PUNJABI
ARABIC	نحن نوفر لكم ترجمة شفوية مجانية	מיר שטעלן צו אומזיסטע דאלמעטשער סערוויסעס.	YIDDISH

This poster is for use throughout HHC facilities to inform patients that we provide interpreter services at no charge to them

Appendix D: “Speak Up” pamphlet

This card, using language from the hospital accrediting organization, Joint Commission, adapted to include interpreter services, is a good way to encourage LEP persons to be proactive in their care and “speak up.”

Patient Safety Awareness

Speak up!

To prevent healthcare errors, we urge patients to speak up!

- Speak up if you have questions or concerns, and if you do not understand, ask again. It is your body and you have a right to know.
- Pay close attention to the care you are receiving. Make sure you're getting the right treatments and medication by the right health care professionals (take a look at their I.D.). Do not assume anything.
- Educate yourself about your diagnosis, the medical tests being done, and your treatment plan.
- Ask a trusted family member or friend to be your advocate.
- Know and keep a list of what medications you take and why you take them (including over-the-counter medications, and dietary supplements such as vitamins and herbs).
- Use an interpreter provided by the hospital if you do not speak the same language as your healthcare professional – ask him or her to call an interpreter so you will both understand each other fully.
- If you have concerns about your care, talk to the nurse or nursing manager who is in charge. If you're still not satisfied, contact a Patient Representative from our Patient Relations department for help or to file a complaint.

Conocimientos sobre seguridad del paciente

¡Hable!

Para prevenir errores en el cuidado de la salud, se urge al paciente... ¡Hable!

- Hable si tiene preguntas o preocupaciones, y si no entiende, vuelva a preguntar. Es su organismo y tiene derecho a saber.
- Preste atención al servicio que está recibiendo. Asegúrese de que está recibiendo los tratamientos y medicamentos apropiados de parte del profesional de salud adecuado (observe su tarjeta de identificación). No asuma nada.
- Edíquese respecto a su diagnóstico, las pruebas médicas que se le están realizando y su plan de tratamientos.
- Fídale a un miembro de su familia o un amigo de confianza que actúe como su representante.
- Conozca y mantenga una lista de los medicamentos que está tomando y por qué los toma (incluya medicamentos de venta sin receta, y suplementos dietéticos como vitaminas y hierbas medicinales).
- Use un intérprete del hospital si no habla el mismo idioma que sus profesionales de la salud. Pídale un intérprete para que ustedes puedan entenderse completamente.
- Si tiene alguna inquietud sobre su cuidado, hable con el enfermero o con el jefe de enfermería que está a cargo. Si no está conforme con el resultado, comuníquese con un representante de pacientes de nuestro Departamento de Relaciones con el Paciente si necesita ayuda o desea presentar una queja.

患者安全須知

請直言不諱！

為防止出現醫療保健錯誤，我們鼓勵患者直言不諱！

如果您有任何問題或擔心之處，請直言不諱，如果您沒有理解，請再次提問。這是您的身體，您有知情權。

請密切注意您獲得的護理。請確保您得到的治療和藥物均由合格的醫療護理專業人員（請查看他們的身份證件）提供，且準確無誤。切勿想當然。

學習有關自身病症的診斷知識，瞭解進行中的醫療測試和治療方案。

請一位您信任的家人或朋友為您提供支持。瞭解您服用的藥物，服用該藥物的原因，並做好記錄（包括非處方藥和膳食補充劑，例如維他命和民間藥物）。

如果您使用的語言和醫療專業人員使用的語言不同，請好好利用醫院提供的口譯 - 請院方提供口譯員，這樣你們雙方可以更好地相互理解。

如果您對您的護理有任何擔心之處，請與您在區的護士或負責管理的護士長討論。果您對討論結果仍不滿意，請聯絡患者關係部的患者代表尋求協助，或是提出抗議。



Patient Safety Awareness

Speak up!

Conocimientos sobre seguridad del paciente

¡Hable!

患者安全須知

請直言不諱！

রোগীর নিরাপত্তা-স্বাস্থ্য সচেতনতা

সোচ্চার খেল!

Sensibilisation des patients à la sécurité

Prenez la parole !

Zwiększenie świadomości o bezpieczeństwie pacjenta

Nie milcz !

الرعاية بسلامة المرضى

اتكلم!



Appendix E: “Tips for Working with Trained Medical Interpreters”

This card can be used as part of training, particularly with healthcare providers who are unaccustomed to working with professional medical interpreters.



Some Tips for Working with Trained Medical Interpreters

If you have any questions, please ask your trained interpreter or contact your facility's Language Access Coordinator.

- Trained interpreters will introduce themselves, with language, title, and full name (or an ID #, if telephonic). **Please record this info in the patient's medical chart.**
- Please speak directly **to the patient**, not to the interpreter.
- The interpreter will **repeat everything** said by you and the patient, in the **tone, style, & voice** of the person speaking.
- For informed consent and discharge instructions, please ask **the patient to repeat what he understands** (“teach-back”) to ensure clarity and avoid medical errors.
- Request a trained interpreter through the interpreter hotline. For help, call your facility's Language Access Coordinator.